Complete and send this form, together with applicable fee(s), to: Mail

PART B - FEE(S) TRANSMITTAL

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or Fax

(703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE appropriate. All further correspondence including the Patent, advance order indicated unless corrected below or directed otherwise in Block 1, by (a) symaintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificat	e of mailing can o	nly be used for	or domestic mailings of the for any other accompanying
				naners Fach addi	i. This certificate ca tional paper, such a ficate of mailing or	is an assignme	ent or formal drawing, mus
759				nave its own certi			
Mayer Fortkort an	nd Williams			I hereby certify th	Certificate of Ma nat this Fee(s) Trans	iling or 1 rans smittal is bein	smission g deposited with the United
251 North Avenue West, 2nd Floor Westfield, NJ 07090 /08/2005 DEMNANU2 00000141 09908984			I hereby certify that this Fee(s) Transmittal is being deposited with the States Postal Service with sufficient postage for first class mail in an addressed to the Mail Stop ISSUE FEE address above, or being transmitted to the USPTO (703) 746-4000, on the date indicated below				st class mail in an envelope above, or being facsimile late indicated below.
				1 /1	anda W	inear	(Depositor's name)
FC:2501	700.00 OP			1	moleN	well	(Signature)
FC:1504	300.00 DP				4/4/05		(Date)
APPLICATION NO.	FILING DATE	FIRST NAME		D INVENTOR	ATTORNEY DOCKET N		CONFIRMATION NO.
09/908,984 07/18/2001		Lincoln T. Eva		ns-Beauchamp	00122/	003001	6842
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION FEE	TOTAL FE	EE(S) DUE	DATE DUE
	YES	\$700		\$300	\$10	000	04/04/2005
	nonprovisional YES EXAMINER		IT	CLASS-SUBCLASS	$\overline{}$		
STARKS, WILBERT L		2121		706-050000			
•			2 Familia	nting on the patent front pa	ge list		
1. Change of correspondence CFR 1.363).			(1) the na	ames of up to 3 registered		ı <u>Mark</u>	D. Wieczore
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custom Number is required.			isied, no name win be printed.				
PLEASE NOTE: Unless recordation as set forth in	an assignee is identified be 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will ap T a substitute	pear on the patent. If an a e for filing an assignment.	assignee is identifie	ed below, the	document has been med h
(A) NAME OF ASSIGN	EE	(E	3) RESIDEN	CE: (CITY and STATE O	R COUNTRY)		
Infe	erscape, Inc	•	Sar	n Mateo, Cal			
Please check the appropriate	assignee category or category	ories (will not be pr	inted on the	patent):	Corporation or	other private g	roup entity Governmen
4a. The following fee(s) are	enclosed:	41	. Payment o				
Issue Fee				c in the amount of the fee(s			
Publication Fee (No small entity discount permitted)						uired fee(s), o	r credit any overpayment,
Advance Order - # of	f Copies		Deposit Ac	count Number	(en	close an extra	copy of this form).
a. Applicant claims S	(from status indicated abov MALL ENTITY status. See	37 CFR 1.27.		icant is no longer claiming			
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the rec	is requested to apply the Iss ublication Fee (if required) ords of the United States Fal	ue Fee and Publica will not be accepte ent and Trademark	ation Fee (if and the difference of the differen	any) or to re-apply any pre ne other than the applicant;	viously paid issue f a registered attorne	ee to the appli ey or agent; or	cation identified above. the assignee or other party
Authorized Signature	Meh D. Wy	1		Date _	Feb. 24,	2005	
Typed or printed name _	Mark D. Wie			-	tration No. <u>37</u>		
This collection of informati an application. Confidential submitting the completed a this form and/or suggestion	on is required by 37 CFR 1	311 The informati	on is require	d to obtain or retain a bene	fit by the public wh	ich is to file (a	nd by the USPTO to proces

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.